STATE OF NEVADA BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS

3157 North Rainbow Blvd., #313 Las Vegas, NV 89108 (702) 486-5445 FAX: (702) 486-5439

e-mail: beltca@govmail.state.nv.us

Individual Application for Accreditation of Continuing Education Units

Name:	Ph	one:
Address:	City	State Zip
E-Mail Address:		•
License #:		
Employment Position (specify if residential care of	or nursing facility admini	strator:
Program Title:		
Date and Time of Program:		
Location of Program:		
Number of Contact Hours Requested:		
CE Committee Use Only		
Program Number:	Reviewers:	Date:
Approved (specify residential or nursing facility):	:	Contact Hours:
Pending: Required Items:		
Denied: Reason:		

- 1. Must be provided by a competent instructor as demonstrated by documentation of his/her educational, professional and teaching experience;
- 2. Must contain current educational material relevant for nursing home and/or residential care facility administrators;
- 3. Must be of professional quality;
- 4. Must be appropriately designed for instructional purposes.

The Following Must Accompany All Application:

<u>X</u>	Instructor's/speaker's resume
<u>X</u>	Detailed time schedule
X	Detailed program outline
<u>X</u>	Statement of the educational objectives of the program
<u>X</u>	Consumer feedback/evaluation form
X	Copy of Certificate of Completion

Note: Applications for continuing education accreditation will not be reviewed for accreditation until \underline{all} of the items listed above are received. A processing fee of \$25.00 must be submitted with the completed application for each program.

Within 30 days after the presentation of the program, a list of licensed nursing home and/or residential care facility administrators who attended must be provided to the Board office.

Records must be maintained for three (3) years after the completion of the course or program.